

NOTICE OF INTENT TO APPEAL

STATE OF MAINE
WORKERS' COMPENSATION BOARD
APPELLATE DIVISION
62 ELM STREET
PORTLAND, MAINE 04101-6858

CASE NAME: _____
WCB FILE# or AIU CASE#: _____
ISSUANCE DATE OF DECISION: _____
MAIL DATE OF DECISION: _____

APPELLANT:

COUNSEL NAME: _____
REPRESENTING: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
E-MAIL: _____

APPELLEE:

COUNSEL NAME: _____
REPRESENTING: _____
STREET/P.O. BOX: _____
CITY, STATE, ZIP: _____
TELEPHONE NUMBER: _____
E-MAIL: _____

Please include the same information about additional parties on a separate sheet.

NOTICE

A party in interest may file with the Appellate Division a notice of appeal of a decision by a hearing officer pursuant to 39-A M.R.S.A. §318 within 20 days after receipt of notice of issuance of the decision by the hearing officer. When filing this notice, the appellant also shall file with the clerk a copy of the decision appealed.

1. On _____, _____ received notice of the issuance of a
MONTH DAY YEAR APPELLANT NAME
decision by Hearing Officer _____ in the above captioned case.
HEARING OFFICER NAME

2. The appellant appeals the following issue(s):

THEREFORE, the appellant asks the Appellate Division to review the decision pursuant to 39-A M.R.S.A. §321-B.

SIGNATURE OF APPELLANT

DATED: _____
MONTH DAY YEAR

FILING INSTRUCTIONS

1. Mail original notice to the clerk of the Appellate Division at the above address by regular mail.
2. Mail one (1) copy **by certified mail, return receipt requested** to each other party named above.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711.

WCB-240 (eff. 1/1/13)